## ISSUE SLIP STAPLE AREA (for additional cross references) **POSITION** INITIALS ID NO. DATE **FEE DETERMINATION** O.I.P.E. CLASSIFIER FORMALITY REVIEW RESPONSE FORMALITY REVIEW F INDEX OF CLAIMS ..... Allowed (Through numeral)... Canceled ..... Restricted Claim Date Claim Date

A . 4

6 42

11 47

12 48

## BEST AVAILABLE COPY

If more than 150 claims or 10 actions staple additional sheet here

(LEFT INSIDE)